

MAIL-IN DRIVER LICENSE APPLICATION AND INSTRUCTIONS (FOR MISSOURI DRIVERS TEMPORARILY OUT OF THE STATE/COUNTRY)

YOU MAY QUALIFY TO RENEW OR REPLACE YOUR MISSOURI DRIVER LICENSE IF YOU ARE TEMPORARILY OUT-OF-STATE/COUNTRY. PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THE FORM. YOUR MAIL-IN LICENSE APPLICATION WILL BE PROCESSED WITHIN 7-10 DAYS FROM THE DATE IT IS RECEIVED IN OUR OFFICE.

THIS FORM IS NOT FOR USE BY MISSOURI DRIVERS WHO ARE CURRENTLY IN THE STATE OF MISSOURI.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED. YOU MUST SUBMIT THE FOLLOWING DOCUMENTS:

- ☐ **APPROPRIATE LICENSE FEE** - Required for **ALL** applicants. Payment may be made by a U.S. cashier's check, money order, traveler's check, or personal check.

NOTE: If your driver license is within six months of expiring when the mail-in application is received in our office, the transaction is processed as a renewal.

• RENEWAL driver license (Age 21-69)	Class F or M = \$20.00	Class E = \$35.00	Class A, B, or C = \$45.00
• RENEWAL driver license (All other ages)	Class F or M = \$10.00	Class E = \$17.50	Class A, B, or C = \$22.50
• DUPLICATE of a 6-year driver license	Class F or M = \$12.50	Class E = \$20.00	Class A, B, or C = \$25.00
• DUPLICATE of a 3-year driver license	Class F or M = \$10.00	Class E = \$17.50	Class A, B, or C = \$22.50

Please be sure to write your driver license number on your check/money order. If you have marked on the application that you would like to donate to either or both of the funds, you must add that donation to your fee.

- ☐ **PROOF OF IDENTITY** - Required for **ALL** applicants:

- Submit a photocopy of your current Missouri driver license.
- If you do not have access to your current Missouri driver license, you must submit photocopies of two acceptable documents as defined in Chapter 1 of the Missouri Driver Guide. You may view the Missouri Driver Guide online (see web site address below).

- ☐ **APPLICATION FORM** - Required for **ALL** applicants.

- Both sides of the attached form must be completed, and you must sign the form in the box provided, using black ink.

- ☐ **VISION EXAMINATION RESULTS** - Required for **RENEWAL** license transactions.

- An eye doctor, physician, or license office vision tester must complete the Vision Examination Record as instructed on the Mail-In Driver License Application form. An eyeglass prescription is not acceptable.
- Acuity and Horizontal Field vision readings are required.
- The vision results must be in English and less than one year old.

The vision examination requirement is waived when the applicant provides acceptable verification of active-duty military/dependent or Peace Corps status, such as a photocopy of the front and back of his/her active-duty military/dependent or Peace Corps ID)

- ☐ **HIGHWAY SIGN RECOGNITION TEST** - Required for **RENEWAL** license transactions.

- You must correctly identify at least four of the six signs shown on the back of the Mail-In Driver License Application.

- ☐ **NAME CHANGE (IF APPLICABLE)** - Due to marriage, divorce, etc.

- Submit a photocopy of one of the following documents reflecting the correct name - birth certificate, marriage certificate, divorce decree, court order, military ID card, or Social Security card.

MAIL TO: MISSOURI DEPARTMENT OF REVENUE
CUSTOMER ASSISTANCE BUREAU - MIL
PO BOX 200
JEFFERSON CITY, MO 65105-0200

STREET ADDRESS: 301 WEST HIGH STREET - RM 225
PHONE: (573) 751-2730
WEB SITE: WWW.DOR.MO.GOV



MISSOURI DEPARTMENT OF REVENUE
DIVISION OF MOTOR VEHICLE AND DRIVERS LICENSING
CUSTOMER ASSISTANCE BUREAU
P.O. BOX 200 JEFFERSON CITY, MO 65105-0200
PHONE: (573) 751-2730
MAIL-IN DRIVER LICENSE APPLICATION

OFFICE USE ONLY

☐ RENEWAL
☐ DUPLICATE

FORM

4317

(REV. 9-03)

You may qualify to renew your driver license or obtain a duplicate driver license if you are temporarily out-of-state/country. Please complete this application and submit the required documents in order to receive a Missouri driver license through the mail.

COMPLETE BOTH SIDES OF THIS APPLICATION

NAME		MISSOURI DRIVER LICENSE NUMBER		SOCIAL SECURITY NUMBER		DATE OF BIRTH	
MISSOURI ADDRESS		COUNTY		OUT-OF-STATE/COUNTRY MAILING ADDRESS			
CITY		STATE	ZIP CODE	CITY, STATE, ZIP CODE, COUNTRY			
HEIGHT	WEIGHT	EYE COLOR	SEX	WHEN WILL YOU RETURN TO MISSOURI?			
CHECK ALL THAT APPLY TO YOU <input type="checkbox"/> MILITARY <input type="checkbox"/> MILITARY DEPENDENT <input type="checkbox"/> VISITING <input type="checkbox"/> STUDENT <input type="checkbox"/> EMPLOYMENT <input type="checkbox"/> OTHER						CURRENT LICENSE CLASS (i.e., A, B, C, E, F, M)	

YOU MUST ANSWER ALL QUESTIONS THAT APPLY TO YOU

Do you understand that any other driver license in your name is invalid with this application? ☐ Yes ☐ No

Commercial Driver License Only

I meet all requirements contained in the Federal Motor Carriers Safety Regulations, Part 391. ☐ Yes ☐ No

I am exempt from the requirements of the Federal Motor Carriers Safety Regulations, Part 391. ☐ Yes ☐ No

VISION EXAMINATION RECORD (to be completed by eye doctor, physician, or vision examiner)

Both acuity and field vision readings are required.

Acuity - Your vision acuity reading must be recorded for each eye and then a combined acuity for both eyes, i.e., 20/20. The minimum standard for a Missouri driver license is 20/40 in either or both eyes.

Field - The complete peripheral reading for each eye and a combined reading must be shown in degrees (numerics) i.e., 55°.

Do not record reading as "FULL" or "NORMAL." The minimum standard for a Missouri driver license is 55° in each eye or 85° in one eye.

DISTANT VISION ONLY	RIGHT	LEFT	BOTH	REMARKS	
CORRECTION	20/	20/	20/	EYE DOCTOR, PHYSICIAN, OR VISION TESTER SIGNATURE	REGISTRATION NUMBER (IF APPLICABLE)
WITHOUT CORRECTION	20/	20/	20/	ADDRESS	
HORIZONTAL FIELD IN DEGREES	°	°	°	CITY, STATE, ZIP CODE, COUNTRY	
NOTE: SPECIAL RESTRICTIONS CAN BE ADDED TO LICENSE IF REQUIRED DUE TO VISUAL CONDITION. SPECIFY IN REMARKS AREA.				PHONE ()	DATE OF EXAM

MEDICAL (to be completed by applicant)

In the past 6 months have you had:

Convulsions, Epilepsy or Blackouts ☐ Yes ☐ No

Paralysis ☐ Yes ☐ No

Heart Attack, Stroke, Heart Disease ☐ Yes ☐ No

Other (If yes, please explain) ☐ Yes ☐ No

APPLICANT'S SIGNATURE (SEE INSTRUCTIONS BELOW)

I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. (Signature must be centered in the box and not extend outside the box.) SIGN IN THE BOX BELOW ▼ BLACK INK ONLY

SIGNATURE BOX	SIGNATURE BOX
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SOCIAL SECURITY OBJECTOR INFORMATION

Complete the following only if your current Missouri driver license number is the same as your Social Security Number, and you object to the use of your Social Security Number as your Missouri driver license number. A new Missouri driver license number will be assigned to you.

MY SOCIAL SECURITY NUMBER IS (INCLUDE VERIFICATION OF SSN)

☐ I object to using my Social Security Number as my driver license number.

MOTOR VOTER INFORMATION

Are you registered to vote? ☐ Yes ☐ No

Do you wish to register to vote? ☐ Yes ☐ No

(If so, a voter registration card will be mailed to you with your license. When you receive it, you should mail it to the county clerk in the county where you reside.)

ORGAN DONOR INFORMATION

Do you want to donate \$1.00 to the organ donor fund? ☐ Yes ☐ No

Do you want to have your name placed in a registry as a potential organ donor? ☐ Yes ☐ No

J88 NOTATION INFORMATION

Are you deaf or hard of hearing, and wish to add the "J88" notation to your driver license? ☐ Yes ☐ No

BLINDNESS AWARENESS FUND INFORMATION

Do you want to donate \$1.00 to the Blindness Awareness Fund? ☐ Yes ☐ No

SELECTIVE SERVICE INFORMATION

Do you wish to register with the Selective Service? ☐ Yes ☐ No

HIGHWAY SIGN RECOGNITION TEST

Please print the correct name of each of the following signs on the line below it:

1.



2.



3.



4.



5.



6.


